



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 9489

Bib Data Sheet

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/712,235 | FILING DATE<br>11/13/2003<br><br>RULE | CLASS<br>137 | GROUP ART UNIT<br>3753 | ATTORNEY DOCKET NO.<br>89190.106903/DP309416 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Thomas H. Fischer, Rochester, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/432,474 12/11/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/09/2004

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NY  | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br><i>Thomas H. Fischer</i><br>Examiner's Signature Initials |                        |                       |                            |

## ADDRESS

22851  
 DELPHI TECHNOLOGIES, INC.  
 M/C 480-410-202  
 PO BOX 5052  
 TROY, MI  
 48007

## TITLE

Switchable fluid control valve system

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|-----------------------------------|---|--|